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AUTHOR Alter, Judith S.; And Others
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ABSTRACT

The project staff for "Teaching Parents to Be Primary Sexuality Educators of Their Children" designed a curriculum for multisession courses, implemented the curriculum with diverse parent groups around the country, and evaluated the impact of the course. Other programs nationwide were also reviewed and guidelines were developed for designing, implementing, and evaluating programs successfully. This executive summary provides overviews of the major findings presented in the final reports. A description is given of the objectives for each of the five units in the curriculum: (1) introduction to the course; (2) sexuality throughout childhood; (3) sexuality in the home; (4) values; and (5) communication skills. Information is included on the demographics of the program participants, and program evaluation findings are discussed. Recommendations are made for further research. (JD)

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March 1982

Final Report

TEACHING PARENTS TO BE THE PRIMARY SEXUALITY EDUCATORS OF THEIR CHILDREN

Executive Summary

For the:

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
Center for Health Promotion and Education
Atlanta, Georgia 30333

By:

Judith S. Alter, Ph.D.
Sandra Baxter, Ph.D.
Ann Thompson Cook, M.A.
Douglas Kirby, Ph.D.
Pamela M. Wilson, M.S.W.

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MATHTECH, INC.
4630 Montgomery Avenue
Suite 300
Bethesda, Maryland 20814

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EXECUTIVE SUMMARY

For the project Teaching Parents to be Primary Sexuality Educators of Their Children, we designed a curriculum for multisession courses, implemented the curriculum with diverse parent groups around the country, and evaluated the impact of the course. In the process we also reviewed other programs nationwide and developed guidelines for designing, implementing, and evaluating programs successfully.

In this executive summary we provide overviews of the major findings and of the five-volume report.

Need for Study

During the last two decades, our society has become increasingly aware of social problems related to sexuality, particularly those problems that affect the young. Numerous research studies have documented the consequences of adolescent sexual behavior.

- By age 17, 1 in 10 adolescent women have had at least one pregnancy.
- By age 20, 1 in 3 adolescent women have had at least one pregnancy.
- Each year hundreds of thousands of teenagers receive abortions.
- Of adolescents who decide to carry their pregnancy to term, 96% keep the baby.
- Pregnant teenagers and their offspring face greater health risks than their peers.
- Teenage mothers are more likely to be and stay on welfare than are their peers.
- Sexually transmitted diseases continue to be a serious health problem with alarmingly high rates among young adolescents.
- Thirty-one percent of sexually active adolescent females who came to a clinic had not obtained birth control sooner because they had been afraid their parents would find out.

Educators, professionals, politicians and families alike believe that improved parent/child communication about sexuality can help reduce such problems. Families, and parents in particular, exert the greatest influence on children's developing sexuality and future relationships. From their earliest moments, children begin to learn about sexuality -- about their bodies, about relationships with others, about males and females, about what is considered appropriate or acceptable. Young children learn these matters in the context of their relationships with their parent(s). Parents teach both with words and through the ways they respond

nonverbally to their children. To some extent they teach deliberately; to a great extent their teaching is transmitted unconsciously.

Unfortunately, most research suggests that families do not communicate effectively about sexuality. Children and their parents commonly have difficulty discussing both factual information and personal values about sexuality. Both parents and children want to talk more, but only a minority have been able to translate this wish into action. Thus, many young people make far-reaching social and sexual decisions without clear, well-considered values or accurate information. Instead they must make sense of the conflicting messages and information they receive from the media, their peers, their schools, other institutions, and their families.

In response, the Centers for Disease Control contracted with Mathtech, Inc. to develop and evaluate programs to help parents be the primary sexuality educators of their children. In the original request for proposal, they asked for answers to the following questions:

"What are the perceived needs of parents and youth for information concerning sex education?

"What kinds of information and communication skills will facilitate parent-child communication regarding human reproduction and male-female relationships?

"What sex education information is appropriate for different age groups in a continuum from infancy to age 18?

"What specific objectives should a family sex education program have?

"For effective family sex education, what are the important characteristics of the parent/child relationship?

"What specific information should the program plan contain on how to gain community support by means of the community organization process?"

Overview of Findings

Child development. The field of sexuality education has increasingly focused 1) on the impact of early childhood experiences on adult sexuality and 2) on understanding how a child thinks, feels, and reasons about sexuality. The major theories of childhood psychosexual, cognitive, and moral development (Freud, Piaget, and Kohlberg) and the research of how children understand sexuality (Bernstein, 1978) suggest relevant guidelines.

- The child's first experience with love is in the parent/child relationship. It is the most influential and important relationship for every developing child.

- Children are sexual beings from birth through death. Their expression of sexual interest or feelings varies with each stage of development.

- Young children cannot grasp abstract concepts. Parents need to translate the information, attitudes, and values they wish to convey to their child into the logic of their child.

- Children ask questions of those they trust. Responses about sexual information, attitudes, and values need to be truthful.

- Children learn from touch, nonverbal behavior, inflection, and tone of voice. Receiving all the facts is not sufficient for healthy psychological development. The child also needs loving touching and a relaxed, accepting atmosphere.

Thus, parents and other teachers need to consider a child's level of psychosexual, cognitive, and moral development before setting sexual standards and before responding to sexual situations. We are encouraged to find that sexuality educators are increasingly cognizant of these developmental considerations.

Review of literature on family communication about sexuality. Survey studies indicate that parents, and in particular fathers, are having difficulty discussing sexuality with their children. Other than basic reproduction and menstruation, children's major source of sexual information is their peer group (Bennett and Dickinson, 1980; Bloch, 1978; General Mills, 1977; Roberts, et. al, 1978; Thornburg, 1981).

A number of studies suggest that children who discuss sexuality with their parents are less likely to be sexually active and that when they become sexually active, they appear to be more likely to use birth control (Furstenberg, 1976; Lewis, 1973; Spanier, 1977). Other studies have not found that relationship (Bennett and Dickinson, 1980; Inazu and Fox, 1980). Drawing conclusions from these data requires caution. Survey research relies on respondent recall and lacks information of a causal relationship. Moreover, most of the research surveyed self-selected groups of college students. In spite of these limitations, the survey data does suggest that:

1) Parents can influence their child's sexual behavior, either by direct verbal communication or by serving as a role model;

2) Personality characteristics of children and family relationships in general may be more significant in influencing adolescent sexual behavior than direct verbal communication.

Previous empirical research on the impact of sex education courses for parents provide inconclusive results. Small subject populations and questionable methodology limit their generalizability. The research does suggest, however, that if course approach and content are focused and if the evaluation is tailored to the goals of the course, parent sexuality education can influence knowledge and communication skills. Generally, attitudes and values are not influenced by a course unless particular values are strongly advocated (Carton and Carton, 1971; Clark, 1979; Duehn and Mayadas, 1977; Goodman and Goodman, 1976; Rosenberg and Rosenberg, 1976; Scales and Everly, 1977).

Finally, and most important, both parents (in some studies almost 80%) and children have told researchers that they believe parents should be responsible for their children's sexuality education (Bennett and Dickinson, 1980; General Mills, 1979). Both have said they desire more open communication. Most parents also perceive a need for assistance and about 30% have asked for structured courses

(Conley and Huff, 1974; General Mills, 1977; Roberts, et. al, 1978).

Review of existing programs. Many organizations have sponsored or implemented parent sexuality education programs -- family health, mental health, public health and family planning clinics, especially through local Planned Parenthood affiliates; youth centers like the YMCA; independent and public schools; religious institutions such as an archdiocese; community education organizations; colleges and universities; and private consultants and physicians. This diversity is promising. These organizations reach parents of all walks of life.

Most programs identified as a major goal enhancing parent/child communication skills, and as minor goals, increasing knowledge of stages of child development and reproductive anatomy and physiology.

Programs differ in the style and amount of information and/or training they provide. A few programs rely on high quality curricula and resource materials that require little guidance. Other programs rely more heavily on the skill of the instructor, but vary in terms of the degree of structure and length of the program. Programs may consist of small group "rap" sessions, an evening of presentations to a large audience, or multisession structured courses. Some programs emphasize dissemination of factual information, while others provide an opportunity to discuss and explore values. Still other programs emphasize skill development such as parent/child communication skills. A few programs reflect the philosophy that if parents work on their own sex-related issues, they will be better able to educate their children about sexuality.

Needs of parents. A needs assessment completed by parents demonstrated that they wanted to increase factual knowledge, explore attitudes about a child's sexuality, explore their own sexuality, and develop parent/child communication skills. Parents rated all of these as extremely important areas, but rated communication skills and attitudes about their own sexuality highest. Parent sexuality education experts also rated the importance of numerous features and outcomes of a course. The results of the needs assessment served as the foundation for the curriculum and the evaluation instruments.

Program Implementation. Many of the most important findings during this study are the recommendations based on the successes and failures of implementing the curriculum 18 times at different sites in the country.

- Research the community to learn the specific problems of the community and to investigate the community's experience with sexuality education.
- Establish the general goals of the program based on the information gathered during the initial stage.
- Create an environment conducive to offering programs. In developing an ongoing program which serves a wide variety of parent groups, develop cooperative, supportive relationships with local media.
- Involve target group members and decision makers. They will support programs which they believe will benefit them.
- Establish realistic objectives for the course giving major focus to one area (knowledge, exploring attitudes and values, dealing with issues at home, or communication skills).

- Use personal contacts in the community to disseminate information about the program.
- Carefully select a teacher who has received specialized training, experience working with parents, a basic respect for parents' abilities, and comfort with parents' values that may be different from his/her own.
- Seek sponsors that can offer a pre-established group, an experienced person knowledgeable about the target group, and assistance with recruitment.
- Have parents define their needs and develop course objectives and content based on parents' needs.
- Select a course format that best suits the parent group.
- Consider varied teaching techniques (discussion, lecture, films, brainstorming, small group structured activities, and roleplaying) that fit the teacher's teaching style as well as the learning style of each group of parents.
- Offer courses to fairly homogeneous parent groups, especially according to the age of their children and the parents' level of sexual knowledge.
- Become aquainted with and respect cultural influences on sexuality education within minority families.
- Allocate a great deal of time and energy and carefully plan for recruitment. Establish personal contact with anyone who expresses interest in the course.
- Plan strategies for maintaining attendence such as attractive snacks and babysitting services.
- Build group support and cohesion at the beginning and throughout the course. Establish group norms of trust, confidentiality, acceptance of differing values, and mutual respect.
- Choose resources -- books, pamphlets, and audiovisual materials -- that are compatible with parents' level of education, children's ages, ethnicity, and value orientation.

These findings may well have the greatest implications for successfully offering parent sexuality education programs. The importance of what appears to be fine detail should not be minimized.

Overview of Programs

For our curricula, we integrated five major course foci: parents' need to address their conflicting feelings, their need for accurate information, their need for communication skills, their need to explore their own attitudes and values, and their need to specifically address their role of sexuality educator. We focused on communication skills throughout the course, while keeping the subject of sexuality -- whether attitudes or information -- uppermost. When we presented information

about children's psychosexual development, for example, we asked the facilitator to help parents consider how such knowledge might influence the way they choose to handle a sexuality-related situation at home. When parents learned specific ways to listen, or addressed their choice of sexuality words, they at the same time became more clear about their own values and attitudes toward sexual issues. They had opportunities, beginning in the first session, to address their own issues, concerns, confusions about sexuality, to consider how those arose and to reexamine them with new information, different points of view, and their own adult perspective.

The curricula (one for parents only and one for parents and adolescents together) present 12 hours of instruction. Each unit contains a variety of activities appropriate for parents of different ethnic origins, different political viewpoints, and different aged children.

Unit one, "Introduction to the Course" (2 hours).

-- To help parents understand the broad meaning of sexuality.
-- To help parents understand some of their own sexual attitudes.

Many parents carry a number of unexamined beliefs, attitudes, and values from childhood into adulthood. They continue to base adult decisions on childhood understandings of what was experienced and what others taught, without taking time to identify those assumptions and to examine them in light of new information. Parents may be preoccupied with their own personal concerns and have difficulty focusing on their child's problems. Parents find that reviewing their own sex education and their feelings about it helps them become more accepting of their own difficulties in this area, and more accepting of their children's feelings.

Our experience suggested that if parents' fears and anxieties are not addressed in the first session, many parents will probably drop out of the course; or if they remain, they may be too distracted by their own concerns to focus on issues related to their children.

This unit helps parents begin 1) to gain comfort talking about sexuality with others, 2) to discover their own assumptions, 3) to reexamine them, and 4) to hear and consider different points of view.

Unit two, "Sexuality Throughout Childhood" (2 hours).

-- To provide parents with information about the physical, cognitive and psychosexual development of children.
-- To provide parents with the important facts on various topics in human sexuality.

Children need and seek information about sexuality throughout childhood, but their questions and concerns change as they grow older, as does their ability to use concepts, to generalize, and to recognize nuances. Thus, parents who wish to teach their children about sexuality must be prepared in two ways. They must have, or be able to obtain, accurate information, and they must be able to ascertain what level or kind of information the child can really use.

The first half of this unit, by helping parents learn about the broad range of normal childhood behavior, can help parents accept and empathize with their own children's unique expressions and concerns. The second half concentrates on providing information where it is missing, incomplete, or inaccurate.

Unit three, "Sexuality in the Home" (2 hours).

-- To help parents explore sexuality issues within the family.
-- To help parents decide how they want to behave toward their own children regarding these issues.

Parents often take a course like this because of current specific problems they are facing at home. Others attend because they anticipate problems. By this time in the course, parents feel sufficiently comfortable talking about sexuality and sharing concerns with others in the class, to explore these concerns. Our experience indicated that if by this time, the course fails to address their specific problems or concerns, parents may give up or become angry that their needs are not being met.

This unit provides a forum for parents: 1) to apply their sense of humor to and develop perspective about the challenges of raising and teaching children; 2) to raise their concerns and hear the range of ideas and approaches other participants suggest; and 3) to consider the lessons or principles children learn from various parental responses to their behavior.

Unit four, "Values" (2 hours).

-- To help parents explore their values about sexuality issues.
-- To help parents explore methods of imparting their values to their children.

Parents who want their children to understand and incorporate their values about sexuality must be clear about the values they want to communicate. Their task is especially difficult today because children are bombarded with information, misinformation, contradictory societal values and expectations. Children learn from television, popular magazines, movies, and advertising all around them that sex is fun and free and everpresent. Elsewhere, they are taught it is wrong and private. They also see contradictory views of male and female gender roles everywhere they turn.

This session helps parents explore their own values in greater depth so that they will be better able to discuss them with their children. Parents find it helpful to discover 1) that their values are respected by other parents and by the facilitator; 2) that other parents have different perspectives; and 3) that it is normal to have ambivalent or inconsistent values.

Unit five, "Communication Skills" (4 hours).

-- To help parents develop basic communication skills for educating their children about sexuality.
-- To help parents of adolescents develop skills for solving problems and managing conflicts.

In many families, topics and questions related to sexuality are rarely mentioned. Families are busy; the subject doesn't come up; everyone feels awkward; no-one quite knows how or when to begin; and some parents lack an effective language with which to communicate about sexuality.

For parents to communicate their values and teach accurate information, they may have to initiate discussions either by focusing upon the subject directly or by weaving it into another conversation. Their skill and comfort in doing this may increase the likelihood that their children will see them as a resource when they have questions or concerns or take seriously what they say.

This unit offers practical suggestions and guidelines to use when communicating with children, as well as an opportunity to rehearse these in a supportive atmosphere. In addition, these sessions can offer parents of adolescents specific guidelines for solving problems and negotiating strong differences with their children.

In some ways, this is a preventive approach which assumes that parents can prepare themselves. They can rehearse both how to teach and model effectively, and how to handle the problems which inevitably arise.

Demographics of participants. In the past, many sexuality educators assumed it was possible to recruit only White middle-class parents. Parents participating in our courses ranged from liberal to conservative in political viewpoint; lived in rural, suburban, and urban areas; had children ranging in age from 1 month to 18 years old; and represented the major racial/ethnic and religious groups in this country. No major demographic group avoided participation in well-designed parent sex education programs. Women, as mothers and grandmothers, were much more likely to attend our courses than were fathers, but fathers did attend in greater numbers than has been reported in the past. Most of the participants were married and had an average of two children. Participants in our courses also reflected the whole range from opposition to support of abortion, contraception, and school-based sex education. Thus, course sponsors who accept parents' differing beliefs and values can create an environment conducive for a variety of parents. Eleven sites implemented the curricula a total of 18 times, and reached almost 300 people.

Site One. In New York City, Hispanic educators led two programs through the Center for Population and Family Health at Columbia University. Hispanic parents of 12-15 year olds attended the programs on three consecutive Sundays at a local church.

Site Two. In Shreveport, LA, a Public Health Educator with the Department of Health and Human Resources conducted one program in a rural community. Black parents of adolescents attended the course at a community agency for three weekly 4-hour sessions.

Site Three. In Washington, DC, a Black sexuality educator conducted two programs for two groups of parents of young children -- the first a mix of Black and White parents, the second Black parents only -- attended six 2-hour evening sessions.

Site Four. In Spencerport, NY, a priest and parochial school teacher conducted two weekend retreats for Catholic parents of 7-11 year olds. Both retreats were held at a church.

Site Five. In the Washington Metropolitan area, three helping professionals conducted a course at the Psychiatric Institute. Parents of young troubled adolescents met twice for 3 hours and once for 6 hours.

Site Six. In Sacramento, CA, a husband and wife team conducted two programs at local churches. White parents and their puberty-aged children attended the program together on six consecutive weekday evenings.

Site Seven. In Croghan, NY, a priest conducted two programs with White Catholic parents. Both programs consisted of six 2-hour sessions.

Site Eight. In Falls Church, VA, a high school teacher conducted two programs with parents of her students enrolled in life science courses at George Mason Senior High. One course consisted of five 2.5 hour sessions on weekday evenings and the other 4-hour sessions on three consecutive Saturdays.

Site Nine. In Philadelphia, PA, a Black educator and a White educator conducted two programs with parents of young children. The first program was offered to parents of children at a subsidized preschool program; the second at a maternity center. The courses were held at the preschool and maternity center for seven, 2-hour sessions.

Site Ten. In Newtown, PA, a high school teacher conducted two programs at school with the parents of high school students enrolled in her human sexuality courses. White parents, including several couples, attended the programs for 7 consecutive weeks.

Site Eleven. In Memphis, TN, a Black educator offered a course through the public school. Predominantly Black Baptist working mothers of elementary, school-age children attended.

Most of these sites have continued to offer programs. One has been reviewed and approved by the National Institute for the Family, an agency of the National Council of Catholic Bishops. It is being considered for implementation on a broad scale in New Jersey through three different dioceses. All of the programs that have continued have done so without the assistance of federal funds.

Course Evaluation

Participants in the courses we sponsored overwhelmingly rated the courses and their teachers as excellent. They found the teachers to be enthusiastic and comfortable with the subject matter of the course. They also felt that the teachers created a climate for easy discussion, showed concern for others, encouraged parents to clarify their own attitudes, listened carefully, and had good rapport with participants. Parents felt that the course included an excellent choice of topics.

These findings are important for any educator who wants to have an ongoing program. If parents are pleased with the program, they are much more likely to recommend the course to friends and neighbors.

Knowledge changes. As a whole, participants came into the courses quite well informed. In general, their scores on the Knowledge Inventory were high. However, in areas where they lacked information, pre/posttest comparisons indicated significant increases on the topics of puberty, the probability of pregnancy, myths about sexuality, sex-related health care, and the effects of sexual knowledge on behavior. Overall, the courses had a statistically significant impact on gains of participants' knowledge and gains continued well after the course was completed.

Attitude changes. Our courses avoided endorsing values that may have conflicted with those held by participants. However, some values were considered essential for parents to be effective sex educators of their children. Generally, these were values that parents suppported before they took the course. Still, there was a significant increase in their support of the following values: 1) a child has a right to opinions about sex; 2) a child has a right to discuss sex with parents;

3) parents do not have to be experts about sexuality; and 4) mothers and fathers involved with childrearing should play an active role in the sex education of their children. On a delayed survey questionnaire parents indicated that they felt they supported all of the values more as a result of taking the course. The one value statement with the weakest support was, "A child has a right to privacy."

Communication skills development. Since the major goal of the course is to enhance parent/child communication skills, we attempted to evaluate communication skills in many ways. Pre/posttest analyses indicated that parents improved their listening skills and used communication techniques which tend to enhance such an exchange. We hoped that as families discussed sexuality more often, anxiety about these conversations would diminish. A year after the completion of the course, parents did report that they were not only discussing sexuality more frequently, they had also become more comfortable with these discussions.

Confidence in findings. Our findings are based upon 11 different programs serving diverse populations in different parts of the country. Moreover, we used three different methodologies -- matched pairs pre/posttest comparisons, delayed posttest assessments of impact, and several discussions with participants -- and all methodologies provided the same results. Therefore, we have confidence in our findings.

However, because of the need to match pretests and posttests, our sample sizes are smaller than optimal. For ethical, practical, and procedural reasons, we did not use control groups. However, the lack of a control group is not a problem because parents' knowledge, attitudes, and family communication are fairly stable and presumably would not have changed over such a short period of time without participation in the course.

Organization of Report

During the project, Teaching Parents to be the Primary Sexuality Educators of their Children, we developed and implemented a model curriculum to assist parents of different ethnic and socioeconomic groups, with children of different ages, and from urban, suburban and rural areas. We developed evaluation procedures to assess the impact of the curriculum and analyzed the results. The final five-volume report provides both the findings of this study as well as materials for future program implementation and research.

Volume I: Impact of Programs. Volume I is intended for researchers, public policy makers, mental health professionals, program providers, and individuals interested in developmental theory and research results. Its purpose is to document information on the effects of parent sexuality education. Chapters in this volume include:

- A review of the literature on the status of parent/child communication and the effects of parent sexuality education;
- A summary of characteristics of programs already being offered in the United States;
- A description of the programs which implemented and evaluated the model curriculum;

- A brief discussion of the methods used in the evaluation;
- A thorough discussion of the empirical results of this project; and
- An overview and discussion of child development theory.

Volume II: Guide to Designing and Implementing Courses. Volume II is written as a user's guide for educators and program providers. It provides an outline of the tasks and considerations to follow when designing and implementing a program. Chapters in Volume II present:

- Suggestions for developing community support, selecting a site, sponsor, and facility and considering expenses;
- Procedures for choosing and training teachers;
- Guidelines for designing the course, including assessing participants' needs, addressing unique considerations when working with minority families and parents with children of different ages, selecting an appropriate format, and teaching techniques;
- Suggestions to facilitate recruiting participants and maintaining their attendance;
- Recommendations for administering a mananageable evaluation; and
- Alternatives to offering a multisession course.

This guide is written to assist program providers implementing the model curriculum developed for this project. It is based on experiences of this project and frequently refers to activities in the curriculum. However, much of the information would be applicable to any program.

Volume III: Curriculum Guide to Courses for Parents. Volume III of the final report is intended for program providers. It can be viewed as a number of curricula joined together in one notebook. For example, some exercises are appropriate only for parents of adolescents and others primarily for parents of young children. The curriculum recommends at least 12 hours of instruction:

- 2 hours for an introduction, warm-up, and exploration of parents' experience with sex education;
- 1 hour on a child's cognitive, sexual, and moral development;
- 1 hour on general sex-related information;
- 2 hours on current or potential sexual issues at home;
- 2 hours on values; and
- 4 hours on communication and problem-solving skills.

While the format suggests a six-session course, the material can be presented in fewer sessions by integrating some units with others or in more sessions by using a greater number of activities in each unit.

Volume IV: Curriculum Guide to Courses for Parents and Adolescents Together. Volume IV is similar to the curriculum described in Volume III, but was designed for courses that parents and their adolescent children attend together. This structure provides the opportunity for on-site practice with communication, immediate feedback between children and parents, and a common understanding of facts.

Volume V: National Catalog of Programs-1981. The Catalog is intended for potential program providers and individuals interested in the design and prevalence of parent sexuality education programs in the United States. During the first phase of the work on this project, we found that there are and have been a great many programs offered to parents, but frequently, educators had not communicated with other program providers, and so had not had access to their knowledge about design, recruitment, implementation, and evaluation.

The Catalog is organized in a manner that facilitates comparing programs and promotes a parent sexuality education network. The Catalog offers the following information: sponsor, name of program, contact person, address, telephone number, goals, basic format of the program, contents, teacher/staff, target population, recruitment strategies, problems encountered, types of materials and resources used, materials developed, funding source, evaluation methods, and other comments by the contact person. Since new programs are constantly being developed and other programs terminated, the Catalog will be out of date in some respects when it goes to press. However, whether a program is current or not, the providers can still be useful contacts.

Conclusions and Recommendations

In sum, parent sexuality education courses are being offered throughout the United States by varied sponsors to parents from all walks of life. Such courses can increase parents' knowledge, enhance their communication skills, and reinforce values necessary to effectively educate their children about sexuality.

A major finding during this project is that there is a paucity of rigorous empirical research on the impact of parent sexuality education programs and the consequences of parent/child communication about sexuality. We recommend further research on 1) the relative impact of different aspects of the parent/child relationships on adolescents' subsequent sexual behavior, 2) the relative impact of different approaches to parent sexuality education, 3) realistic goals for courses, and 4) the longitudinal effects of programs on family relationships and adolescent sexual behavior.

References

Bennett, S.M., & Dickinson, W.B. Student-parent rapport and parent involvement in sex, birth control and venereal disease education. The Journal of Sex Research, 1980, 16(2), 114-130.

Bloch, D. Sex education practices of mothers. Journal of Sex Education and Therapy, 1978, 4(1), 7-12.

Bloch, D. Attitudes of mothers toward sex education. American Journal of Public Health, 1979, 69(9), 911-914.

Carton, J., & Carton, J. Evaluation of sex education programs for children and their parents: Attitudes and interactional changes. The Family Coordinator, 1971, 20(4), 377-386.

Clark, T.F. The effects of training parents to talk about sex. Unpublished doctoral dissertation, University of Washington, 1979.

Conley, J.A., & Huff, R.S. The generation gap in sex education: Is there one? The Journal of School Health, 1974, 44(8), 428-437.

Duehn, W.D., & Mayadas, N.S. Integrating communication skills with knowledge: A conjoint adolescent/parent format in sex education. Journal of Sex Education and Therapy, 1977, 3(2), 15-19.

Fox, G.L. The family's influence on adolescent sexual behavior. Children Today, 1979, 8(3), 21-25, 36.

Fox, G.L. The mother-adolescent daughter relationship as a sexual socialization structure: A research review. Family Relations, 1980, 29(1), 21-28.

Furstenburg, F. The social consequences of premarital sexual behavior. Family Planning Perspective, 1976, 8(4), 148-164.

General Mills, Inc. Raising Children in a Changing Society. Minneapolis, MN: General Mills, Inc., 1977.

General Mills, Inc. Family Health in an Era of Stress. Minneapolis, MN: General Mills, Inc., 1979.

Goodman, B., & Goodman, N. Effects of parent orientation meetings on parent-child communication about sexuality and family life. The Family Coordinator, 1976, 25(3), 285-290.

Gordon, S., Scales, P., & Everly, K. The Sexual Adolescent: Communicating with Teenagers about Sex. North Scituate, MA: Duxbury Press, 1979.

Inazu, J.K., & Fox, G.L. Maternal influence on the sexual development of teenage daughters. Journal of Family Issues, 1980, 1(1), 81-102.

Koblinsky, S., & Atkinson, J. Parental plans for children's sex education. Family Relations, 1982, 31(1), 29-35.

Lewis, R.A. Parents and peers: Socialization agents in the coital behavior of young adults. Journal of Sex Research, 1973, 9(2), 156-170.

McCary, S.P. Ages and sources of information for learning about and experiencing sexual concepts as related by 43 university students. Journal of Sex Education and Therapy, 1978, 4(2), 50-53.

McNab, W.L. Sexual attitude development in children and the parents' role. The Journal of School Health, 1976, 46(9), 537-542.

Miller, H., & King, E.M. Sex education for parents using behavior rehearsals. Journal of Family Counseling, 1974, 2(2), 28-31.

Roberts, E.J., Kline, D., & Gagnon, J. Family Life and Sexual Learning (Vol. 1). Cambridge, MA: Population Education, Inc., 1978.

Rosenberg, P.P., & Rosenberg, L.M. Sex education for adolescents and their families. Journal of Sex and Marital Therapy, 1976, 2(1), 53-67.

Rosenberg, P.P., & Rosenberg, L.M. A group experience for the family. International Journal of Group Psychotherapy, 1976, 26(2), 235-241.

Scales, P. A quasi-experimental evaluation of sex education programs for parents. Unpublished doctoral dissertation, Syracuse University, 1976.

Scales, P., & Everly, K. A community sex education program for parents. The Family Coordinator, 1977, 26(1), 37-45.

Spanier, G.B. Sources of sex information and parental sexual behavior. The Journal of Sex Research, 1977, 13(2), 73-88.

Thornburg, H.D. The amount of sex information learning obtained during early adolescence. Journal of Early Adolescence, 1981, 1(2), 171-183.

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